

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request: 7-18-97

2 Serial/Patent # 08/305528

3 Please refund the following fee(s):

	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
Filing			\$
<input checked="" type="checkbox"/> Amendment	18	6-5-97	\$ 480.00
Extension of Time			\$
Notice of Appeal/Appeal			\$
Petition			\$
Issue			\$
Cert of Correction/Terminal Disc.			\$
Maintenance			\$
Assignment			\$
Other			\$

7 TOTAL AMOUNT OF REFUND

\$ 480.00

8 TO BE REFUNDED BY:

☐ Treasury Check

☒ Credit Deposit A/C #:

9 11--0600

10 REASON:

☒ Overpayment

☐ Duplicate Payment

☐ No Fee Due (Explanation):

11 REFUND REQUESTED BY:

TYPED/PRINTED NAME: Geraldine Stanley

TITLE: Application Examiner

SIGNATURE: Geraldine Stanley

PHONE: 308-1488

OFFICE: Kp. 2500

***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****

APPROVED: Neda Connolly

DATE: 7/18/97

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: